



FOREST STEWARDSHIP MANAGEMENT PLAN QUESTIONNAIRE

This information is voluntary under authority of Part 340 of Act 451, P.A. 1994, as amended, to provide forest management information that is easy to use and determine how well DNR is doing and where improvements can be made.

INSTRUCTIONS: Please print or type.

1. Name of Plan Preparer:	2. Prior to development of your Forest Stewardship Management Plan, has a forester assisted you with your land during the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. When starting the process of developing a Forest Stewardship Management Plan, what was your primary interest?			
<input type="checkbox"/> Wildlife <input type="checkbox"/> Timber Stand Improvement <input type="checkbox"/> Tree Planting <input type="checkbox"/> Water Quality <input type="checkbox"/> Aesthetics <input type="checkbox"/> Timber Harvest <input type="checkbox"/> Endangered Species <input type="checkbox"/> Erosion Control <input type="checkbox"/> Recreation <input type="checkbox"/> Other (specify):			
4. Was your visit with the forester (check all that apply): <input type="checkbox"/> Field Visit <input type="checkbox"/> Home or Office Visit <input type="checkbox"/> By Phone			
5. How would you rate the value of the person who helped you develop your Forest Stewardship Plan?			
	<i>Exceptional</i> <i>Very Good</i> <i>Good</i> <i>Acceptable</i> <i>Unacceptable</i>		
Friendly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Knowledgeable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Professional	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Provided Timely Assistance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
6. How would you rate the value of the following features of your Forest Stewardship Management Plan?			
	<i>Exceptional</i> <i>Very Good</i> <i>Good</i> <i>Acceptable</i> <i>Unacceptable</i>		
Visit with the Forester	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Main Body of the Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Reference Material with Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. Please rate the main body of your Forest Stewardship Management Plan in more detail. The plan:			
	<i>Exceptional</i> <i>Very Good</i> <i>Good</i> <i>Acceptable</i> <i>Unacceptable</i>		
Understands Your Goals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Provides Useful Advice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Provides Useful Maps	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Has an Easy to Follow Format	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Has Understandable Language	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
8. How much of your plan's suggestions do you hope to implement over time? (check one)			
<input type="checkbox"/> Under 30% <input type="checkbox"/> 30% - 70% <input type="checkbox"/> Over 70%			
9. Do you have any suggestions/comments regarding the Forest Stewardship Program and/or your management plan?			
10. Assistance (on site or technical information) in implementing your plan may be available from your plan preparer, county Conservation District, and/or the DNR. If you would like someone to contact you, please complete the following:			
Name:	Telephone Number: ()	County:	Date:

Return completed questionnaire in the enclosed postage paid envelope to:

COOPERATIVE RESOURCE PROGRAMS SECTION
DNR - FOREST MANAGEMENT DIVISION
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